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PRESENTATION OF THE HANDICAPPED MEMBERS OF THE HANDICAPPED/M.L.A. JOINT COMMITTEE RE: AMENDMENTS TO THE ALBERTA HEALTH CARE INSURANCE ACT

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The Alberta Committee of Action Groups for the Disabled, following its research into provisions for health care for the physically disabled and discussions with groups of disabled persons in various Alberta centres about their health care requirements, recommends that the Government of Alberta take the following steps to remove the financial burden which disabled citizens must bear in order to maintain their health and a lifestyle as close to average as possible in view of their disability:

(1) Introduce a bill at the spring session of the legislature to amend the Alberta Health Care Insurance Act in order to make the provision of wheelchairs, prostheses and orthopedic or other devices specified by regulation an insured health service available to physically disabled residents of Alberta who are not covered by Workers' Compensation and are not in receipt of social assistance or provided for under any special health programs of the Department of Health and Social Development, including the new special program for senior citizens.

We believe the following draft bill is necessary to alleviate the expenses which, because of difficulties in obtaining employment as well as other problems directly related to their disability, weigh heavily on handicapped Albertans.

AN ACT TO AMEND THE

ALBERTA HEALTH CARE INSURANCE

ACT

HER MAJESTY, by and with the advice and consent of the Legislative Assembly of Alberta, enacts as follows:

1. The Alberta Health Care Insurance Act is hereby amended.

2. Section 2, subsection (a) is amended by adding at the end thereof:

"(vii) the provision, on the recommendation of a practitioner, of wheelchairs, prostheses and orthopedic or other devices specified by regulation, which alleviate or compensate for a physical deficiency or deformity, as well as the fitting, replacement and repair of such wheelchairs, prostheses and orthopedic or other devices; but excluding those appliances provided under clause (v) and those appliances specified in the regulations under Part 4 as optional health services."

3. Section 2, subsection (1) is amended by inserting after the words "but does not include any services" the words ", including the provision of wheelchairs, prostheses and orthepedic or other devices,"

4. Section 3 is amended by striking out "(v) or (vi)" and by substituting thereto "(v), (vi) or (vii)"

5. Section 21, subsection (1) is amended by adding following clause (b):

"(b1) specifying the wheelchairs, prostheses, and orthopedic or other devices the provision, repair and replacement of which are basic health services for the purpose of the Plan;"

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As Section 5 indicates, those other devices besides wheelchairs which would be covered under the Plan would be specified in the regulations. There are many items not now provided to disabled Albertans, excluding senior citizens, under Medicare, Blue Cross or the special health programs which are vital to the well-being of many disabled persons. These items are required to prevent further deterioration of health as a result of disability or to eventually eliminate a disability or reduce its impact. Following is a list of the items which we believe should initially be included in the list of covered items in the regulations. This list is far from complete, however, it does cover many items which are both necessary to the functioning of many disabled persons and, as the prices indicate, are extremely expensive.

(a) wheelchairs	Wheelchairs are prescribed on an individual basis dependent on the type of disability and the user factor. Non-motorized chairs run from $250 to $600 with maintenance costs of approximately $7 per month. Motorized chairs, which are essential for some severe disabilities, range from $895 to $1,235.
(b) custom built footwear	Custom built shoes range from $130 to $145. The exact cost is dependent upon the prescribed needs of the individual. This footwear must be replaced approximately every eighteen months.

(c) hearing aids	People of all ages may require hearing aids. Their purchase involves an initial outlay of anywhere from $230 to $600 for a complete unit. Maintenance costs run between $4 to $6 per month. Aids must be replaced approximately every 4 to 6 years depending upon the patient's age and usage factor.
(d) hoyer lifts	Lifts are required by certain disabled individuals. Fixed base lifts range from $253 to $272 and adjustable base lifts range from $296 to $368.
(e) respiratory equipment	Basic home care equipment for respiratory patients can range from approximately $120 to $630. Maintenance cost average $6 per month. The rental for the heavy equipment required by some individuals runs at approximately $60 per month. Without the provision of home care equipment many patients are required to indefinitely remain in hospital at an approximate per diem cost of either $22 (auxiliary hospital) or $55 (acute hospital). It should also be noted that even if this equipment were purchased or rented for the patient under Medicare the individual would still be faced with a monthly outlay of anywhere from $30 to $115 for oxygen supplies. The equipment is obviously useless without the essential oxygen.
(f) ileostomy and colostomy bags and supplies	The monthly outlay for these items range from $23 to $45.

*The prices quoted above are based on December, 1973 price lists. Most of these items will cost more in 1974 as price increases ranging from 15% to 25% have been recently announced.

Some items which are not now covered by Alberta Health Care Insurance or Blue Cross and which could easily be added to this list are braces which do not incorporate a rigid support system, crutches, commodes, etc.

It is evident that, despite Alberta Health Care Insurance, Blue Cross and the special health programs of the Department of Health and Social Development, there are many disabled Albertans whose basic health needs are not being adequately met or are only being met with difficulty because these individuals are not under seventeen or over sixty-five years of age (therefore ineligible for many special health programs), and are not recipients of social assistance or covered under Worker's Compensation. Handicapped members of the Joint Committee can cite numerous instances of individuals who purchase the cheapest available wheelchair or appliance, although it does not adequately meet their needs, because they cannot afford the item which is medically required or individuals who are forced to give up their efforts to remain independent and self-supporting and apply for social assistance because of large health care expenses and, finally, of individuals who could become self-supporting despite their disability but who are prevented from going off social assistance because of health care expenses which they would then become responsible for and which would use up a large portion of their salary.

(2) Recommend that Blue Cross expand its coverage of drugs to include prescribed experimental drugs and prescribed drugs administered in a physician's office because the expertise involved requires that the physician or his staff administer the drug.

Many Albertans require drugs which are not now covered in order to survive. One such category of persons are those suffering from severe asthma. These individuals face a life-long expense of anywhere from $10 to $60 per month.

Certain individuals might respond to the two recommendations in this presentation by arguing that Alberta Health Care Insurance coverage of these basic health needs and expansion of Blue Cross are not required because, in many cases, private agencies concerned with specific disease entities and the Alberta Rehabilitation Council for the Disabled provide assistance to disabled persons in need. However, this makeshift solution to the health care problems of the physically disabled is no real solution but only a praiseworthy attempt by concerned organizations to meet a pressing health need. Many private agencies have inadequate funds to meet all the requests they receive for financial assistance and therefore must pick and choose. Who's need is most pressing? Many disabled persons are unaware of the aid that is available and therefore do not even apply for a portion of the various

agencies limited funds but assume the financial burden themselves. Most of the agencies have come to provide this assistance over the years because they felt obliged to meet those basic health needs they could with the funds they had available. Consequently, money which should go towards badly needed special projects and, most important of all, research into the causes of various disabling diseases in order to find cures and eliminate them and thus eliminate the need for wheelchairs, appliances, etc. has, both in the past and present, been spent to meet basic health needs of physically disabled Albertans. The Government of Alberta's decision to establish a special health program under which senior citizens will receive wheelchairs, prostheses, hearing aids and other appliances indicates that the Government realizes that the efforts of private agencies to meet the health needs of the disabled, although sincere, are inadequate and that it feels a special responsibility to provide these necessary items for Alberta's senior citizens. This group of Albertans, who have contributed a great deal to the province over the years, are not the only segment of the population with pressing health needs.

There is a growing awareness across Canada of the need for the expansion of health care insurance coverage to include wheelchairs, prostheses and orthopedic or other devices required by the physically disabled. The Legislature of the

Province of Quebec passed a bill in 1973 which expands that province's health care program to meet this need. By providing coverage through Alberta Health Care Insurance for wheelchairs, prostheses and orthopedic or other devices recommended by a physician, Alberta would be providing basic health insurance for Albertans against exorbitant health care costs which they encounter through no fault of their own but as a result of a congential or traumatic disability. The disabled members of the Joint Committee strongly recommend the implementation of the proposals included in this presentation on behalf of the Alberta Committee of Action Groups for the Disabled and the physically disabled population of Alberta.

Appendix A

Activities of the Social Mobilizer

Place: Grande Prairie

Date: October 18 & 19, 1973

While in Grande Prairie for the first time, I undertook several basic tasks. I talked individually with all the major people in the Action Group about the group and its projects, with many of the professionals about the ideas and people that they could feed in from the community, and with two or three young people who were having difficulities sorting out personal problems. Along with several members of the Action Group, I drafted press releases and lists of the major architectural barriers that the handicapped encounter. These lists are to be used in one of the Action Group's continuing projects.

On Thursday evening the Action Group held its regular monthly meeting which I attended. Some of the many topics discussed were:

(1) the ramping of curbs in several different areas.

(2) drafting a list of architectural barriers to use as background information with the developers of a new recreation-shopping centre complex that is being built.

(3) a letter writing and phone campaign to several of the city merchants to encourage them to provide wheelchairs for the use of shoppers who do not have one of their own.

(4) a discussion on the National Conference for the Disabled held November 4 - 7, 1973, to which Grande Prairie was sending a delegate.

(5) the specific Health Care concerns of the group were discussed as follows:

Problems	Cost	Suggestions of the Handicapped
a long term auxiliary hospital stay costs more than some families can afford. This particular family is	$93/mth.	(1) lowering the per diem rate for the patient with or without taking into account the

Problems	Cost	Suggestions of the Handicapped
also maintaing a home on a small income		family's income. (2) Lengthening the time during which the patient's share is covered by Alberta Health Care.
hand splints for a patient's hand to rest in at night. Frequently the patients who have to pay for their own are those in the nursing homes.	$4-$5	
drugs and injections that persons must get in their doctor's office and, consequently, end up paying for themselves.		Should be covered by Alberta Health Care.

Place: Lethbridge

Date: November 20 & 21, 1973

While in Lethbridge, I talked to numbers of handicapped people about the Action Group in order to get to know them. I gathered specific data on the accessibility survey that they are doing and, along with other group members, talked to a newspaper reporter, and a Preventive Socival Services representative about funding for a specific project.

This group is active and dynamic and therefore their bi-monthly meetings are large and vocal. At the evening meeting that I attended many different projects and concerns were raised. Some of the local interests were as follows:

(1) organizing a meeting on transportation for January with all interested agencies. Taxi and bus company officials, service club representatives and city officials would be invited to attend.

(2) prospective places to apply for funding for the completion of their survey project (includes other functions as well as the survey).

(3) the November, 1973 National Conference for the Disabled was discussed in great depth and with much interest as Lethbridge had sent two delegates to the conference.

(4) inevitably the subject of pensions, social assistance and a guaranteed income arose with some discussion and feelings of frustration were expressed.

(5) the specific Health Care concerns of the individuals and group were as follows:

Problems	Cost	Suggestions of the Handicapped
wheelchairs & repairs- persons buy the wrong chair for themselves because it is cheap and end up with something they can't use.	$200-$600	Should be covered by Alberta Health Care
phone by bedside for emergencies - it takes to long to get them through Health and Social Development so people often pay for them themselves.	⁄24	Perhaps this is a supplementary Health Service and should be under Blue Cross.
speech therapists - frequently they are too expensive for the family so the husband goes without.		Should be covered by Alberta Health Care.
special shoes and boots that are built up.	$130 $40-⁄50	Should be covered by Alberta Health Care whether or not they are permently attached to braces.
writing splints for hands	$25	
braces for toes	$25/ft.	
cushions to avoid pressure sores	jelly filled air filled	Perhaps this is a supplimentary Health Service and should be under Blue Cross

Problems	Cost	Suggestions of the Handicapped
electric wheelchairs	$900-$1,200	Perhaps this is a supplementary Health expense and should be under Blue Cross
fibulating mattresses for beds and their motor - these are needed for a person who is sensitive to pressure	$400	Should be covered by Alberta Health Care.
hospital beds, so that a wife can look after her husband at home.	$350	Should be covered by Alberta Health Care
hoyer lift - these are also needed for a wife looking after a husband at home	$400	Should be covered by Alberta Health Care.
L - Dopa - this is an experimental drug for parkinson's disease patients and, because it is experimental, it is not covered by Blue Cross.		Experimental drugs and treatments should be covered so that people requiring these health services obtain them.
optometric services		the cost of lenses should be covered; especially for persons whose eyes are sensitive to light.
dental care - many people go without proper dental care because of the high cost.		A basic dental care program is needed.

Special Notes

Problems	Suggestions of the Handicapped
people under Social Assistance do not have Blue Cross coverage because Health and Social Development pay for their drugs, etc.	that all the services that are available under Blue Cross be available to Social Assistance recipients.

Problems	Cost	Suggestions of the Handicapped
the high cost of renting equipment for people who only need it for a short time.		Perhaps rental cost could be covered by Blue Cross.
having to wait for reimbursement of 80% of the cost of drugs by Blue Cross		(1) individual pays 20% of the cost of the prescription while the pharmacist waits for reimbursement. (2) drugs be considered a basic health expense and be put under Health Care instead of Blue Cross. There is no use seeing a doctor if you cannot get your prescription filled.

Place: Camrose

Date: December 9, 1973

This group is brand new so it is an interesting situation. There has been a lot of publicity about Action Groups and some people in Camrose have wanted one for a long time but have not been able to get it started until my trip there brought them together.

Of the many points talked about one of the big ones was the need for homemakers or live-in companions for the many young adults who work but need some assistance.

This discussion led into the problems that disabled persons have finding employment and the fact that many times they have to move away from their home, an extra problem in itself, in order to gain it.

This led to a disucssion of the number of able-bodied persons on welfare who could or/should be out working. Two things were quickly pointed out: that a very small percentage of people on welfare are able to work and are just temporarily without it; and that it takes a very special person to do homemaking and to look after children and handicapped people, so simply putting people in these positions because they are on welfare is not a good idea.

The subject of housing and apartments was also a real concern with needs expressed for both special accommodation

and regular apartments.

Since this Action Group has just formed, it is impossible for them to think of anything else at the moment. Consequently, a discussion on Health Care Legislation was not undertaken.

Place: Edmonton

Date: December 6 and 10, 1973

Since Edmonton is our home base, it is easier to organize meetings and get people to attend. Edmonton is a large city, though, and because of this more than just meetings are needed to really get handicapped people into the community.

A few of the many projects and efforts made to find and mobilize the handicapped in Edmonton are:

(1) discussions with the Handicapped Housing Society and Social Services for the Disabled about the handicapped people they were aware of.

(2) discussions with handicapped people who called the office to talk about concerns.

(3) information circulated to the handicapped population about meetings to consider the organization of community newspapers, and the procedure for Local Initiative Program funding and its effectiveness.

(4) a series of two meetings a month was started to get in touch and stay in touch with more of the handicapped. The meetings are experimental because one of them regularly involves three of Edmonton's Auxiliary Hospitals and the other is open to the general public and has as much publicity done for it as can be managed.

The specific problems that are encountered by handicapped people in Edmonton are as follows:

(1) Two young women called in who have their mothers living at home with them. Therefore, the cost and availability of an adequate Home Care Program is a vital concern for them.

(2) There was a lot of concern expressed in both Edmonton meetings on Canada Pension and what people are entitled to. There are a lot of problems and frustrations in the area of disability and widows pensions because of the small amount received. As a result of the long term

nature of handicapped persons being on assistance and the degenerative feelings they acquire, more frustrations than should be are dumped on the Canada Pension problem.

(3) Several specific problems were noted by persons on social assistance.

(a) Although some young women may find it a challenge to feed their families on a social assistance budget, it is not a thrill or a challenge to the handicapped and their families.

(b) Families who are trying to manage grocery shopping around the allotment given for special diets or food alergies find it difficult to manage.

(c) A women who needs to wear nurses' oxfords cannot afford them since her family's entire clothing allowance is $17.00 a month.

(d) A handicapped girl who needs special clothes made for her so that she can be more independent in dressing runs into quite an expense. Also, young people who sit all day in a wheelchair frequently need more expensive clothing than they can afford under their social assistance allotment.

(e) The necessity for some handicapped people to have washing machines and dish washers becomes a problem for those on Social Assistance when repairs are needed. Many apartment buildings only provide coin operated washing machines. No allotment is made in the social assistance budget for this.

(4) Degenerative feelings develop in many handicapped people who live in Nursing Homes and other institutions. These feelings specifically arise as a result of the individuals feeling that they have no control over their bank accounts, pensions, or cheques. These feelings also arise as a result of the attitudes of the nursing and administrative staff towards the patients.

(5) Problems to do with life insurance, group insurance plans, etc. were mentioned. Many physically handicapped people cannot get life insurance simply because of their physical disability or, if they can, the premiums they must pay are double what non-handicapped people pay.

(6) There were complaints of the poor quality medical examinations which many people still encounter. This means that tunnel vision, nerve disorders, and small amounts of paralysis sometimes go undetected.

(7) A need that was not expressed to the Social Mobilizer, but which was encountered and felt, was that of speech therapy for middle aged and older persons. Curently, emphasis is placed on the needs of children and, consequently, older persons are often not considered suitable candidates for speech therapy by those responsible for establishing therapy programs. Therefore these people spend years of their lives terribly frustrated when trying to make themselves understood.

(8) The specific Health Care concerns of the handicapped in Edmonton were as follows:

Problems	Cost	Suggestions of the Handicapped
Drug cost and reimbursement procedure		100% of the cost should be covered or the pharmacist should wait for reimbursement.
urinary appliances		cost should be covered
* commode chairs	$75-$125	cost should be covered
* hoyer lifts	$400	cost should be covered
bed pans		cost should be covered
electric wheelchairs	$900-$1,200	cost should be covered
* regular wheelchairs	$250 - $600	cost should be covered
* wheelchair repairs		cost should be covered to the extent of $50/yr.
air filled cushions		
* special shoes	$150-$200	should be covered whether or not they are permenantly attached to braces.
3rd party medical		should be covered the same as any other medical examination
* V.O.N. visits are only covered to a very small extent	$5/visit	this limitation should be removed.

	Problems	Cost	Suggestions of the Handicapped
	prescription sun glasses for persons who are bothered by glare and hardex lenses	$103 (includes cost of hardex lenses)	
	eye glass lenses		cost should be covered by Blue Cross
*	all arm, leg or back braces should be covered whether or not they are incorporated into a rigid support system		cost should be covered
	repairs and adaptations needed on appliances		cost should be covered
*	a dental care program which would cover the expenses of all basic dental work for children and adults is needed		
*	monkey bars	$75	
*	hospital beds	$350	
*	auxiliary hospital costs- it is the long term auxiliary hospital patient who can least afford it.		suggest lowering it, perhaps in relationship to family's income.
	accupuncture treatment- they are considered experimental at the moment		these should be covered so that handicapped people who need such treatment can get it.
	Vitamins - These are often prescribed the same as other medications.		should be included in Blue Cross
	limit on chiropractic treatments		should be raised because it is too low

* the maximum taxable income under which people can apply for a subsidy on the Health Care and Blue Cross premiums	the maximum income for families and individuals should be raised
physio, occupational and speech therapists who come into your home	some basic coverage should exist
* taxis to and from medical appointments (ie) doctor, dentist, x-ray, physiotherapy	a limit of $200 a year could be set for this

* means mentioned more than once

Place: Calgary

Date: December 13 & 14, 1973

Since Calgary is a large city like Edmonton more time and effort is needed to get the handicapped out into the community. Therefore, during my first trip, I talked to 12-15 handicapped people individually about their problems and concerns. I also spent several hours gathering information on Calgary's new transit system for the handicapped, and information on other programs and agencies operating in Calgary from the Calgary AID Centre. I was in touch with both the Alberta Rehabilitation Council for the Disabled and the Canadian Paraplegic Association.

The specific interests and concerns of the handicapped in Calgary were:

(1) transportation, even with the new Handi-Bus system, many improvements can still be made.

(2) architectural barriers, with a special interest in the accessibility and design of the public schools, Mount Royal College and the University.

(3) naturally there was a lot of concern about allowable earnings under social assistance and concern about the bureaucratic jungle that handicapped people get tangled up in when dealing with the Department of Social Development.

(4) there was also some interest expressed in human rights problems.

(5) the specific Health Care concerns are as follows:

Problems	Cost	Suggestions of the Handicapped
* drugs - reimbursement 1 year later is difficult for a family with a $300 drug expense in one year.	$300/yr.	have the family pay 20% and get the pharmacists to wait for reimbursement.
* wheelchairs	$250-$600	cost should be covered
appliances and braces		all of these need to be covered whether or not they include a rigid support system.
special shoes	$150-$200	all of these need to be covered whether or not they are permenantly attached to a brace.
catheter leg bags	$15/12 bags	
* wheelchair repairs	$43-$62/yr. for upholstry, baring, etc.	cost should be covered
* premiums on Health Care and Blue Cross should be reduced or the income subsidy raised so that more handicapped people can get the coverage they need.		
dental care		a program to cover the basic costs is needed by all ages of handicapped people.

* means mentioned more than once.

Appendix B

Sections 2, 3 and 21 of the
Alberta Health Care Insurance
Act

2. In this Act,

(a) "basic health services" means

(i) insured services,
(ii) those services that are rendered by a dental surgeon in the field of oral surgery and are specified in the regulations but are not within the definition of insured services,
(iii) optometric services,
(iv) chiropractic services,
(v) services and appliances provided by a podiatrist, and
(vi) services provided by an osteopath;

(b) "benefits" means the amounts payable by the Commission in respect of the cost of basic health services or insured services or under an optional contract issued under Part 4 in respect of the cost of optional health services, as the case requires;

(c) "Blue Cross agreement" means an agreement made between the Commission and the Alberta Hospital Association pursuant to section 44;

(d) "by-laws" means by-laws of the Commission;

(e) "chiropractic services" means those services rendered by a chiropractor that are specified in the regulations as chiropractic services for the purpose of the Plan;

(f) "chiropractor" means,

(i) with reference to services rendered in Alberta, a person registered as a member of the Alberta Chiropractic Association, and
(ii) with reference to services rendered in a place outside Alberta, a person lawfully entitled to practise chiropractic in that place;

(g) "College" means the College of Physicians and Surgeons of the Province of Alberta;

(h) "Commission" means The Alberta Health Care Insurance Commission incorporated by this Act;

(i) "dental surgeon" means,

(i) with reference to services rendered in Alberta, a person registered as a member of The Alberta Dental Association, and

(ii) with reference to services rendered in a place outside Alberta, a person lawfully entitled to practice dental surgery in that place;

(j) "dependants" means dependants as defined in the regulations;

(k) "federal Act" means the Medical Care Act (Canada)

(l) "insured services" means

(i) all services rendered by physicians that are medically required,

(ii) those services that are rendered by a dental surgeon in the field of oral surgery and are specified in the regulations and that are also deemed to be services rendered under Section 4, subsection (3) of the federal Act, and

(iii) any other services that are declared to be insured services pursuant to section 3.

but does not include any services that a person is eligible for and entitled to under any Act of the Parliament of Canada or under The Workmen's Compensation Act or any law of any jurisdiction outside Alberta relating to workmen's compensation;

(m) "Minister" means the member of the Executive Council charged with the administration of this Act;

(n) "optional health services" means

(i) with references to an optional contract issued under Part 4, those services, drugs and appliances that are specified in the regulation under that Part as optional health services, or

(ii) with reference to the Blue Cross agreement or any matter related thereto, those services, drugs and appliances that are specified in the agreement as being optional health services for the purposes of the agreement and The Blue Cross Plan with respect to residents enrolled in the Plan by the Commission;

(o) "optometric services" means those services rendered by an optometrist that are specified in the regulations as optometric services for the purpose of the Plan;

(p) "optometrist" means,

(i) with reference to services rendered in Alberta a person registered as a member of the Alberta Optometric Association, and

(ii) with references to services rendered in a place outside Alberta, a person lawfully entitled to practise osteopathy in that place;

(q) "osteopath" means,

(i) with reference to services rendered in Alberta, a person registered as an osteopathic practitioner under The Medical Profession Act, or

(ii) with reference to services rendered in a place outside Alberta, a person lawfully entitled to practise osteopathy in that place;

(r) "physician" means,

(i) with reference to medical services rendered in Alberta, a person registered as a medical practitioner under The Medical Profession Act, and

(ii) with reference to medical services rendered in a place outside Alberta, a person lawfully entitled to practise medicine in that place;

(s) "Plan" or "Alberta Health Care Insurance Plan" means this Act and the regulations and the by-laws of the Commission;

(t) "podiatrist" means.

(i) with references to services rendered or appliances provided in Alberta, a person registered as a member of the Alberta Podiatry Association, or

(ii) with reference to services rendered or appliances provided in a place outside Alberta, a person lawfully entitled to practise podiatry in that place;

(t1) "practitioner" means a chiropractor, dental surgeon, optometrist, podiatrist, physician or osteopath;

(u) "resident" or "resident of Alberta" means a person lawfully entitled to be or to remain in Canada, who makes his home and is ordinarily present in Alberta, but does not include a tourist, transient or visitor to Alberta.

3. The Lieutenant Governor in Council may be regulation declare any basic health services referred to in section 2, clause (a), subsection (ii), (iii), (iv), (v) or (vi) to be insured services for the purposes of the Plan.

21. (1) The Lieutenant Governor in Council may make regulations

(a) authorizing or requiring the doing of any act or thing by the Minister, the Commission or any other persons, or the expenditure by the Commission of any moneys, for the purpose of having the Plan meet the criteria prescribed under the federal Act or to enable the Government of Alberta to receive payment of contributions by the Government of Canada under the federal Act;

(b) specifying the service rendered by dental surgeons in the field of oral surgery and the services rendered by optometrists, chiropractors, podiatrists and osteopaths that are basic health services for the purpose of the Plan;

(c) prescribing the benefits payable in respect of basic health services other than physicians' services;

(c1) providing, in respect of benefits for any or all basic health services rendered outside Alberta or any specified place outside Alberta, that the benefits may be paid only for services rendered during a specified period of time or that the Commission is empowered in a particular case to prescribe the period in respect of which benefits may be paid;

(d) prescribing the manner in which benefits are to be paid and the information required to be submitted in connection with claims for benefits;

(e) prescribing the waiting period (not exceeding three months) for a person who is or becomes a resident of Alberta and in respect of which the costs of any basic health services rendered during that period to that person are not payable as

benefits;

(f) subject to section 19, subsection (2), providing for procedures for the review of any decision or the settlement of any question pertaining to the determination of

(i) the amount of benefits payable for a particular service, or

(ii) whether any service is a basic health service or not, or

(iii) whether any service rendered by a physician is medically required or not, or

(iv) any other matter that affects the entitlement to benefits;

(g) providing, for the purpose of removing doubt, that any service is or is not a basic health service or an insured service or that any particular service that may be rendered by a physician is or is not medically required;

(h) prescribing the duration of periods for the purpose of section 20, subsection (2) and any condition on which a person continues to be entitled to benefits by virtue of that subsection;

(i) providing the circumstances under which a person is or is not to be considered as temporarily absent from Alberta for the purposes of section 20, subsection (3);

(j) requiring practitioners to file with the Commission such kinds of information as the regulations may prescribe for the purpose of facilitating the handling, assessing and payment of claims for benefits;

(k) prescribing the times by which, or the circumstances under which practitioners are required to file information pursuant to the regulations under clause (j);

(l) authorizing the Commission to withhold the payment of benefits to any practitioner until he has compiled with the regulations under clauses (j) and (k).

(2) Repealed 1972, c.45, s.4.

QUÉBEC
HEALTH INSURANCE
BOARD

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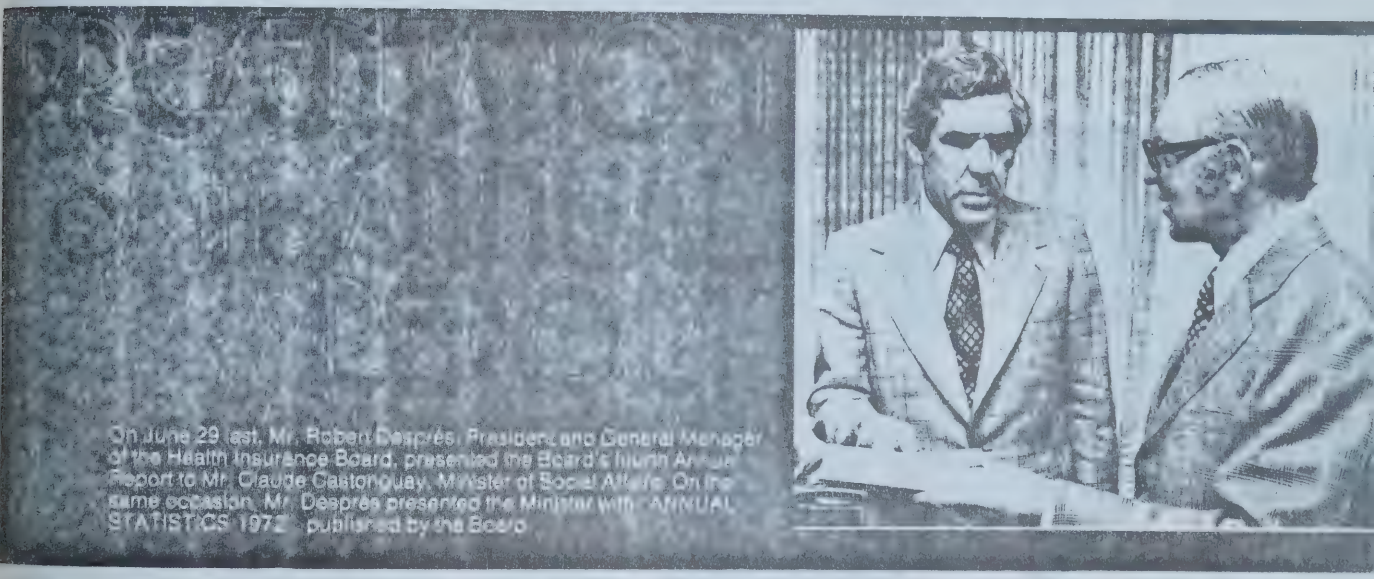
July 1973



On June 29 last, Mr. Robert Després, President and General Manager of the Health Insurance Board, presented the Board's fourth Annual Report to Mr. Claude Castonguay, Minister of Social Affairs. On the same occasion, Mr. Després presented the Minister with ANNUAL STATISTICS 1972 published by the Board.

BILL 21 HEALTH INSURANCE COVERAGE EXTENDED AND REVISORY COMMITTEES CREATED

On July 6, the National Assembly assented to Bill 21 which amended the Health Insurance Act and the Health Insurance Board Act. The principal objectives of the Bill are to extend coverage under the Health Insurance Act to additional services and to provide for the setting-up of revisory committees to make recommendations to the Board on the payment of insured services provided by physicians, dental surgeons and optometrists.

COVERAGE OF PROSTHESES AND ORTHOSES

As of the date to be fixed by the Lieutenant-Governor in Council, the Board will assume, on behalf of any beneficiary of the Plan, the cost of the purchase, fitting, replacement or repair of prostheses and orthopedic devices or others determined by regulation, which compensate for a physical deficiency or deformity and which are supplied in accordance with the conditions prescribed by regulation. Exceptions to this stipulation are those prostheses or devices to which a person is entitled under another Québec Act, an Act of the Parliament of Canada other than the Medical Care Act, or under an Act of another Canadian province or of another country.

COST ASSUMED BY D.S.A.

Under the Act, the Board will recover from the Department of Social Affairs the cost of certain services assumed on behalf of ANY BENEFICIARY OF THE SOCIAL AID ACT, as well as the related administrative costs, minus the amounts recovered by virtue of the right of subrogation. The Act contemplates: drugs and services supplied by pharmacists on prescription by a physician or a dental surgeon; the services provided by dental surgeons and optometrists which are determined by regulation and required from the points of view of dentistry or optometry as the case may be; prostheses and orthopedic devices. However, the Board must reimburse to the Government one half of the amounts recovered from the Department, excepting amounts paid for drugs and services provided by pharmacists.

DENTAL AND OPTOMETRIC SERVICES DETERMINED BY REGULATION

Under Section 2 of Bill 21, oral surgery and dental surgery services and optometric services of which the cost is assumed by the Board, are those THAT ARE DETERMINED BY REGULATION AND THAT ARE REQUIRED FROM THE POINTS OF VIEW OF DENTISTRY AND OPTOMETRY, as the case may be. The same will apply to dental services provided by dental surgeons to Québec residents belonging to an age group to be established by regulation.

Moreover, the Act authorizes the Minister of Social Affairs to prepare and submit to the Lieutenant-Governor in Council, for approbation, the draft of a regulation setting up the schedule of fees for insured services provided by dental surgeons, should it not be possible to reach an agreement with the body representing that category of health professionals.

REVISORY COMMITTEES

Bill 21 provides for the creation of five revisory committees responsible for making recommendations to the Board on matters it refers to them regarding claims for the payment of insured services provided by physicians, dental surgeons or optometrists.

Thus, when the Board considers that insured services for which a physician, dental surgeon or optometrist claimed and obtained payment within the thirty-six preceding months, were not required as frequently as provided, were improperly or unjustifiably provided, or that their nature has been falsely described, it may refer the matter to the appropriate revisory committee. In so doing, the Board must notify, in writing, the health professional concerned.

Each revisory committee must, after studying the matter, recommend to the Board either that it pay the amount claimed in whole or in part, that it refuse payment or that it demand the reimbursement of any overpayment, by compensation or otherwise. The Board is bound to comply with the recommendations of the revisory committees.

Each committee is made up of five members appointed for no more than two years by the Lieutenant-Governor in Council who also appoints from among them a committee chairmen.

Four members of each committee are chosen from a list of names suggested by the professional corporation and the body governing the category of professionals concerned. The fifth member of each committee, who may not be a professional in the field of health, is appointed upon the recommendation of the Québec professions Board.

STUDY COMMITTEE TABLES REPORT ON COVERAGE OF ORTHOPEDIC DEVICES

The coverage of prostheses and other orthopedic devices as stipulated in Bill 21, was recommended by a committee established by Social Affairs Minister Castonguay some months ago.

The report tabled by Doctor Gustave Gingras, Chairman of the Committee, recommended principally that the cost of prostheses, orthoses and devices for handicapped persons and for patients with unusual ailments, be assumed by the Health Insurance Board. Repair and replacement costs would also be covered. The recommendation mentioned such articles as wheel-chairs, special cushions, functional orthoses, walking aids, crutches, orthopedic footwear and orthopedic alterations to ordinary footwear.

Moreover, the committee made recommendations on the manufacture, prescription and distribution of such devices.

A VISIT BY JAMAICA'S HEALTH MINISTER

The Honourable Kenneth McNeill, Minister of Health and Environmental Control of Jamaica, made a short visit to Québec in June and met with officials of the Social Affairs Department and the Health Insurance Board

Mr Després, President and General Manager of the Board, converses with the Honourable Mr. McNeill on his arrival at the Board

Handicapped seek health cost help

By GEORGE STEPHENSON
Herald Staff Writer

Legislation dealing with health care insurance needs updating to ease the burden of special health costs facing the physically handicapped in Alberta, an Edmonton official for the disabled said Wednesday.

Jean Battell, social mobilizer for the Alberta Committee of Action Groups for the Disabled, said in an interview the financial burden on handicapped people is at times so great they go without proper health care.

Many items such as wheelchairs, special shoes, speech therapy and specialized equipment for the home are not covered under any health act and are too expensive for some people who need them, she said.

The Edmonton official also pointed to a case where a person who needed a certain type of medicine had to go without because he could not afford it.

"Certain drugs are not covered under Blue Cross or health care and should be. People should not have to go without," she said.

Mr. Battell is visiting various cities in the province collecting reaction from handicapped people regarding problems they encounter in financing special health equipment.

At a meeting of the Lethbridge action group Tuesday Ms. Battell heard a list of problems ranging from the cost of wheelchairs and repairs to speech therapists. One member of the group said although a speech therapist was needed for a handicapped person the services were too expensive.

The list of problems and solutions will be compiled and drafted into legislation for presentation to a joint committee of members of the legislature and handicapped people, she said.

The MLA-handicapped joint committee was initiated earlier this year by the Edmonton Action Group for the Disabled and is made up of five members and five handicapped people.

The committee meets four times a year and attempts to bring about legislative changes for the handicapped in Alberta, Ms. Battell said.

The recommendations on health care legislation will be presented to the membership of the committee in January.

The five members of the legislature on the committee are Neil Crawford, minister of health; Dr. Bert Hohol, minister of labor; Dr. Hugh Horner, minister of agriculture; NDP leader Grant Notley and Gordon Taylor, Drumheller Social Credit MLA.

When selecting members for the committee "the action group committee purposely chose members from all three parties so the group would not be political but apolitical," she said.

The Committee of Action Groups for the Disabled hopes to follow the study on health care needs with an investigation of the national building code and call for changes seen as necessary for handicapped people, she said.

Committee for disabled now local

An activator from Edmonton, Jean Battell, came to Camrose recently and met with many of the local handicapped to see if an Action Group for the Disabled could serve several needs in Camrose and district.

As a result, a leading committee of three people, headed by Mary Masters of Camrose and including Mrs. Eleanor Brawner of Camrose and Cecil Throndson of Armena, was formed to co-ordinate a program of aid for disabled persons. It is an independent group, loosely connected with other Action groups in Alberta.

The aims of the committee are broadened into a wide area of help, says Miss Masters, outlining a few of the many problems that exist to the disabled person. One of the committee's suggestions is that there should be aid for those in wheelchairs such as ramps in public buildings or at street crossings, wheelchair facilities in public housing, public washrooms large enough to accommodate wheelchairs, special car-parking priveleges, to name a few.

"Also many people are not aware of the homemaking service already provided for people who are disabled," says Miss Masters, "and much needs to be done in the areas of employment opportunities and pensions."

Work is to be done by volunteer help. The meeting last week was sponsored by the Business and Professional Women Club, who will continue to give their support. Anyone wishing further information may contact any of the three Action Committee members

DATE DUE
DATE DE RETOUR

FEB 15 1989

NLR 178

Alberta Committee of Action
Groups for the Disabled
#4, 10015 - 82 Avenue
Edmonton, Alberta
433-7267

Memo

To: Members of the Legislative Assembly

From: Percy Wickman, Chairman
M.L.A./Handicapped
Joint Committee

Subject: Enclosed Presentation Date: October 4, 1974

Please find enclosed a copy of the presentation Recommendations Relating to the Government of Alberta's Transportation Policy presented to the Joint Committee on September 26, 1974.* The copy enclosed is for your information purposes.

The members of the Joint Committee adopted the following resolution:

"That public transportation must be usable by all persons including the handicapped and elderly."

Futhermore M.L.A. Committee Members agreed to discuss the recommendations in the transportation report with their fellow colleagues and report back at the next meeting.

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*The Joint Committee is a Committee made up of five M.L.A.'s and five handicapped representatives from across Alberta. The M.L.A./Handicapped Joint Committee meets three times a year to consider proposals for legislative change made by the Alberta Committee.